

Viral Load Scale-Up, Suppression, Laboratory and Diagnostic Network Optimization: 3rd 95

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19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

VL Scale up Strategy to Achieve the 3rd 95

Demand

creation

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Result

utilization

- Patient and provider demand for VL
- Provider capacity to interpret and use VL results for clinical management
- Enhanced adherence counseling (EAC) for patients with VL >1000 c/ml and 2nd line patients
- EPTS clinical summary app to improve access to VL results by providers

Lab platforms and testing capacity (DNO)

Laboratory construction and rehabilitations

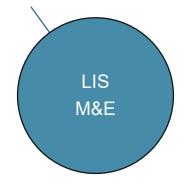
 Deployment of high throughput VL instruments

VL Scaleup strategy Sample referral and logistics

- Reagent forecasting and supply plan monitoring
- Electronic LMIS in all molecular biology labs for better stock management
- Efficient specimen referral systems

- Laboratory staff training,
- External quality assurance and proficiency testing
- Continuous quality improvement

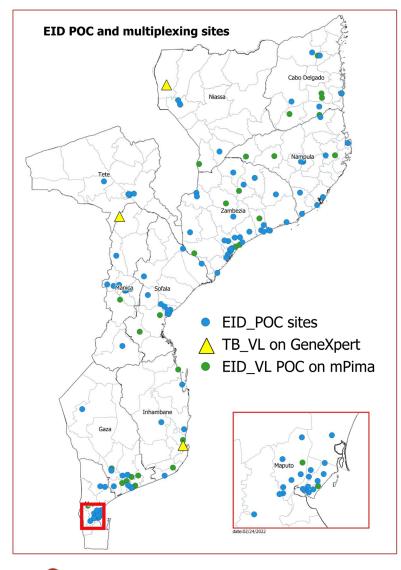
Quality assessment and continuous improvement



- Electronic lab information systems in all VL laboratories
- DISA link for remote test order and result delivery systems, patient SMS alerts
- DISA POC for data capture at POC sites
- M&E Reports

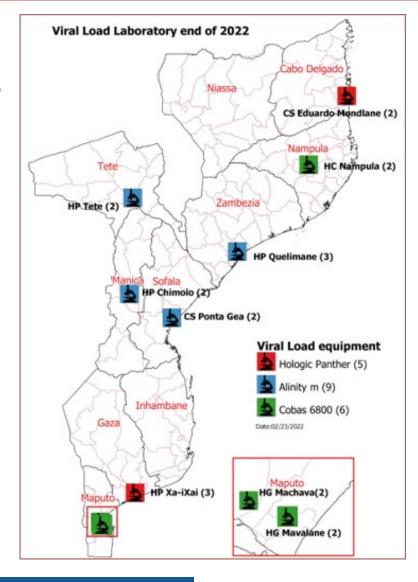


Laboratory Systems Supporting VL Scale Up



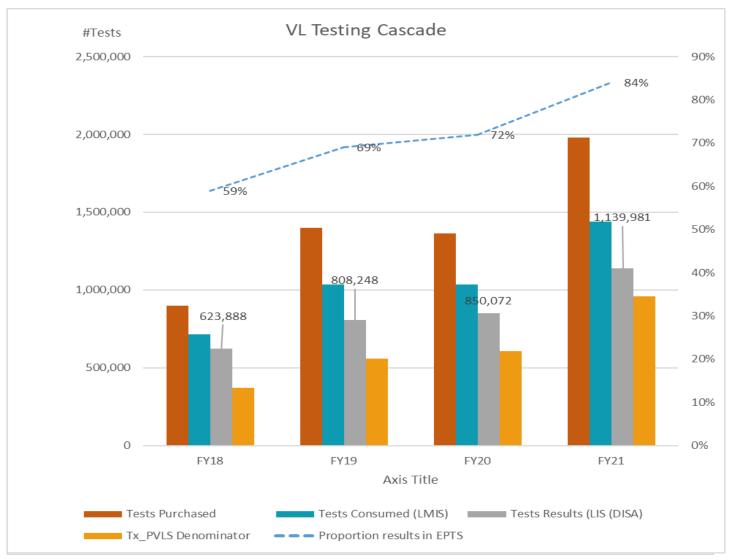
VL/EID Diagnostic Network Optimization

- VL laboratories constructed prior to FY22 (Zambezia and Maputo Province; major rehab in Maputo City)
- COP21 Infrastructure:
 - Gaza construction completion end of March 2022
 - Construction process underway for Cabo Delgado and Manica
- Deployment of high throughput VL instruments on track for completion at end of 2022, increasing testing capacity from 2M at end of 2021 to 2.8M tests/year
- Multiplexing for VL POC launched in COP21 with plans to expand to 9 additional GeneXpert sites in COP22.
 - Phase one focus on PLW and CLHIV <15
 - o Evaluation of impact planned in COP22





Notable Improvements in VL Testing Cascade



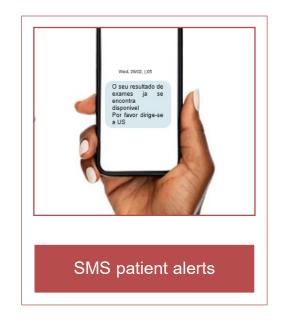
- VL testing doubled since introduction of routine VL in COP17
- Steady transition from DBS to plasma with introduction of new instruments; proportion of plasma samples increased from 15% in FY20 to 45% in Q1 FY22
- Significant improvement in availability of results in EPTS; 84% of tests reported in LIS were available in EPTS compared to 72% in FY20
- Difference between tests consumed and results reported remains high; implies significant laboratory wastage



Data Systems to Support VL Monitoring in COP22

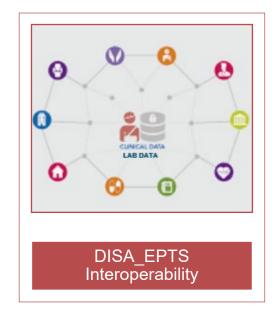


Unlimited DISA license to support LIS expansion to all POC & multiplexing sites

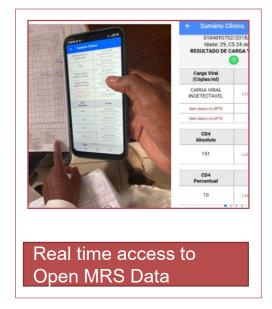


Expedite results delivery

- Patient SMS alerts
- HF access to facility level data on VL/EID Dashboard and WWW.DISA



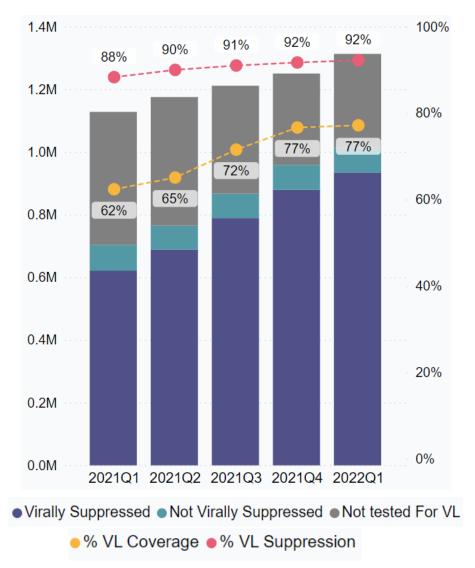
Expand DISA_EPTS
Interoperability to all
provinces to improve
accuracy of data transfer
and increase availability
of results in EPTS

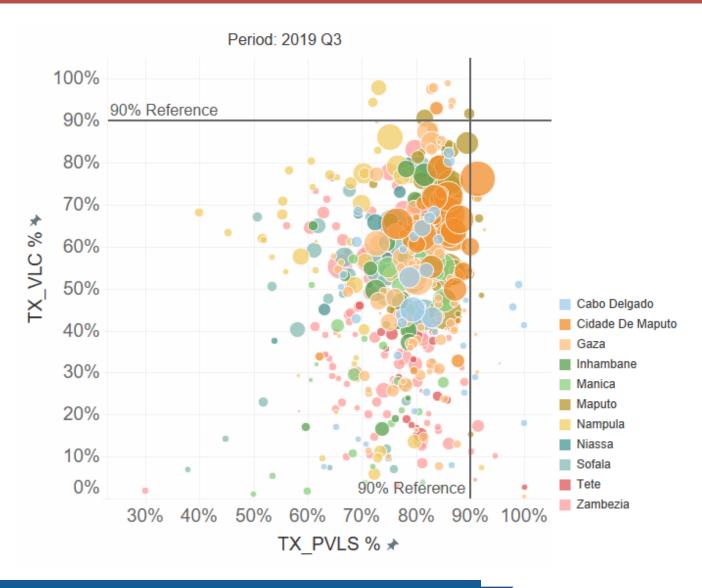


Implement Clinical
Summary App to
improve provider access
to VL results in
OpenMRS data base in
real time



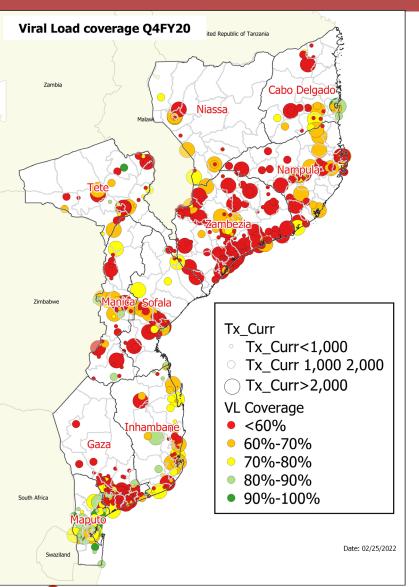
Substantial VLC & VLS Gains Across all Provinces

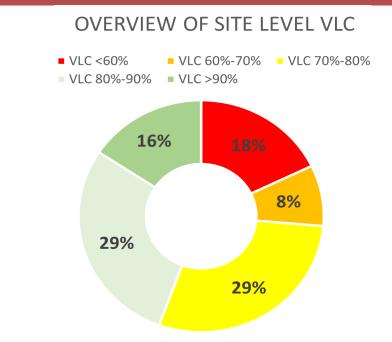




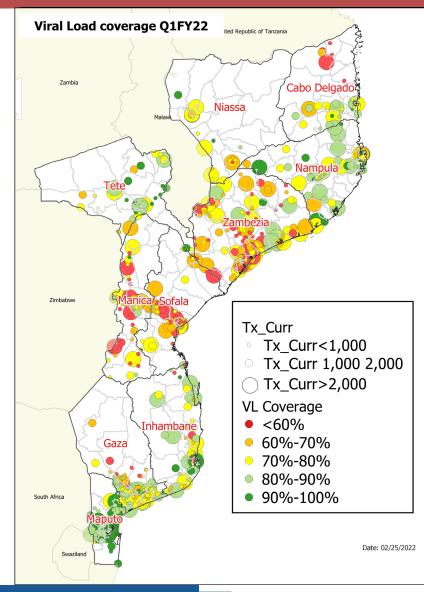


Viral Load Coverage Improvement Despite Gaps in Central Region



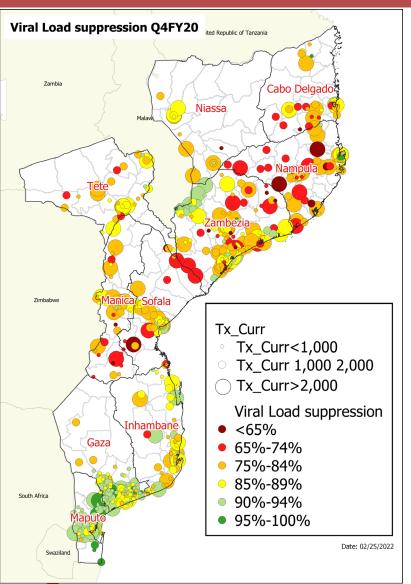


- 45% of sites have VLC > 80%
- 79% of the sites with VLC> 95% located in Maputo province and Maputo City
- HFs with VLC <60% mostly located in Zambezia, Sofala and Manica Provinces





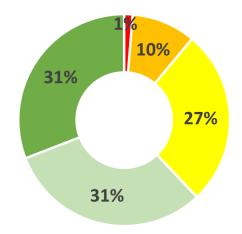
Southern Region Already Reaching the 3rd 95



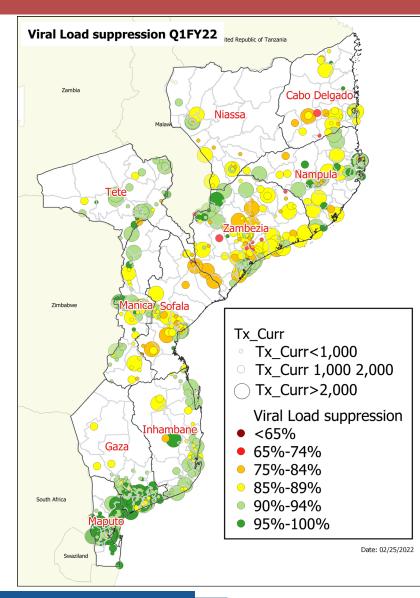
OVERVIEW OF SITES VLS

■ VLS: 65%-74% ■ VLS: 75%-84% ■ VLS: 85%-89%

■ VLS: 90%-94% ■ VLS: 95%-100%



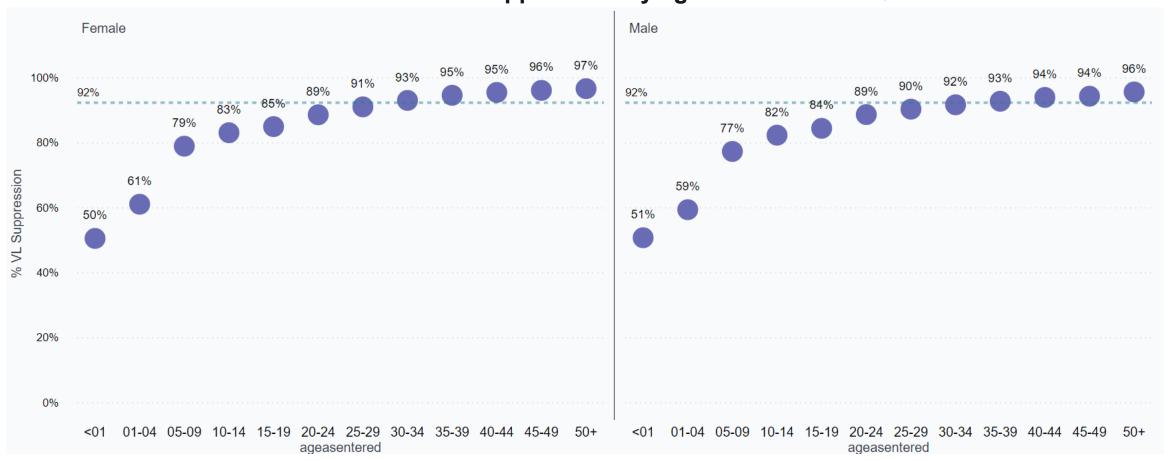
- HFs with VLS >95% mostly located in Maputo City, Maputo Province, Gaza and Manica provinces
- HFs with VLS between 65-74% mostly located in Cabo Delgado and Zambézia provinces





Children and Adolescents Lag Behind Adults in VLS

Viral Load suppression by age and sex FY22 Q1



Ongoing implementation of multiple strategies to improve VLS for children and adolescents



COP22 Strategies to Improve VL Coverage and Suppression



Demand Creation

- U=U messages and use of local radio to increase patient's VL literacy
- Reminder messages to patients eligible for VL test
- VL sample collection and results return at mobile clinics and mobile brigades



Intensive monitoring plan in HFs and Province levels

- Daily review and flagging of eligible patient files
- Enhanced monitoring of viral load indicators
- In-service trainings and mentoring to strengthen implementation of the VL algorithm and interpretation of the VL results as well as ARV optimization.



Laboratory services and results reporting

- Guarantee reagents and consumable stock availability
- Support timely response to instrument breakdowns
- Introduce patient SMS alerts to expedite result delivery
- Timely return of VL results through outsourced lab sample transport

